File with: lowa Ethics and Campaign Disclosure Board 510 E. 12°, Ste. 1A Des Moines, Iowa 60319 Fax: 615-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

JA ETHICS AND ANIAN BISBLASUME D.

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all JAN | 4 AM 9: 51; statements and reports filed by all committees for state office must be filed 2011 JAN | 4 AM 9: 51; Statements and reports to state statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organ	zelion)		Houd	
(1) Statewide/Legislative/Judge Standing for Returnion Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate (5) Subdivision Candidate (6) County PAC (9) City PAC (10) School Box (11) Local Ballot (esus CANDIDATE COMMITTEES ONLY: Candidate Name DOUGLAS A. Kumm Office Sought	State PAC (3) State Party te (7) School Board or Other Politic and or Other Political Subdivision PA Political Party (if applicable) PCDUNICA District (if Senate or House)	C (L	FORM DR-2 (Rev. 12/2009) For Office Use Only Comm. \$ Logged In SW Scanned SW Computer Widthed	#
Late reports are subject to possible civil and criminal penalties. Pursua candidate's committee, and the chairperson, for any other type of committee.	int to lows Code sections 68B.32/	(7) and 68	A.401(3), the candidate, for a	
SIGNATURE OF PERSON FILING REPORT	U41-228-796 TELEPHONE	e tet tillrigt t	DATE SIGNED	
I AM FILING A JONUARY 19th	REPORT FOR (1) ELECTION	/(<u>2)NON-</u> 1	ELECTION YEAR.	
(report date) CHECK IF AMENDMENT TO REPORT DATED	Indicate by	# [1]		
TO REPORT DATED		Local Com	mittees, enter Date of Election	_
Check if this is final (termination) report and attach Notice of Dis (You must continue to file reports until a DR-3 is filed.)	solution Form DR-3.	County & L	ocal Committees, enter County in lion is held	1
		MINCH ENDI	mm1 10 (191)	
STATEMENT OF CASH ON HAND		WINGS ENGL		
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the coef-	on hand at the and		584.80	
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of	on hand at the and		584.80	
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STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total or committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first reporting period or must be zero if this is first reporting period or must be zero if this is first reporting period or must be zero if this is first reporting period. ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A: Cash Contributions total (Attach Schedule A: Cash Contributions of Campaign Property (Attach Schedule H: Total Sales of Campaign Property (Attach Schedule H: Schedule H: Applies to Candidates' Committee SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) ("all Schedule B: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report be "UNPAID BILLS (From Schedule D - Attach Schedule C)	on hand at the end sport filed.) ("also see in-kind below) chedule H) SUB-TOTAL so see debts and loans below) alance must be zero)	\$ \$ \$	584.80 620.00	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

October 19-3194 SCHEDULE For Instructions, See Back of Form **CONTRIBUTIONS -- MONEY TAKEN IN** (including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Karnin for Supervisor

6412282278

A	MONETARY
(Rev. 07/03)	RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MIM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/15/10	7472	Wayne Koenier 2061 March Avenue Charles City 1A 50616		⁵ 50° <u>°</u>	
10129 10	CK# 1154	Dean Stewart 503 Kelly Street Charles City 1A Solelle		°50°° 250°°	
1110110	ск у 1137	Floyd Louaty Republican Centra 809 Clank Street Charles City 1A Solelle		100 _∞	
11119110	CK# 239	Jean Ann Kamm 5 Gien Oak Circle Charles City 17 50616	wife	330 ₀₀	
	CK#				
	ID# CK#				
	ID# CK#		- 649-14-1		
	ID# CK#				
	ID#				
	ID#				
		TOTAL (If lest page)	SUB-TOTAL	\$ 690.00	
ommittee, Relutio	orable must be shown to the	nes to disclose the relationship of any relative making a contribution to third degree of consanguinity (blood relatives) and affinity (relative as cardidate, but there is no	to the	s 630.00	1

minited relationship, order "not applicable" in the relationship column.

(for Schedule A)

October 15 - Dec 31 St

FOR INSTRUCTIONS, SEE BACK OF FORM

Branch Proton

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION MUNICER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect KAMM for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (# applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursarient) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/10	CK# 1019	Charles City Press POBOX 397 (narles City IA Soully	Admrtising in Press and Shopper	s 344 ⁰⁰
ioladio	ск# 10.20	Cedar Riser Signs 3 to 8th Ave Charles City IA 50	Parade Banners	301.85
11/2/10	CK#IO33	North wood IA 5459	. Newspaperad	51.60
11/11/10	CK# 10 3/3	Chooles City Press	News paper ad	261.60
10129/10	ID# CK# (UZ.(KCHA (NEIA Broadcasting) 31 First Street NE NOSON City 1 A 50401	Radio Ad	180.00
11 15 10	ID# CK#	FSB		2800
111 1110	ID# CK#	FS8		98 €
12/31/10	ID# CK# CASH	Jean Ann Kamm	Close out Book/ Checking acct	9.75
			SUB-TOTAL TOTAL (If lest page of this achedule)	1007. SU

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and love Code 68A-402(3)(0.)

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